



GEORGIA MEDICAID FEE-FOR-SERVICE TOPICAL ANTINEOPLASTIC AND GENITAL WARTS THERAPY PA SUMMARY

Preferred	Non-Preferred
Aldara (imiquimod 5%) Carac (fluorouracil 0.5%) Condylox (podofilox gel) Fluorouracil 5% generic Imiquimod 5% generic Podofilox solution generic	Diclofenac 3% gel generic Fluorouracil 0.5% generic Picato (ingenol mebutate) Solaraze (diclofenac 3% gel) – <i>PA not required</i> Veregen (sinecatechins) Zyclara (imiquimod 2.5%, 3.75%)

LENGTH OF AUTHORIZATION: Varies

PA CRITERIA:

Diclofenac 3% Gel Generic

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons brand Solaraze is not appropriate for the member.

Fluorouracil 0.5% Generic

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, brand Carac, is not appropriate for the member.

Picato

- ❖ Approvable for members with actinic keratosis (AK) who have tried and failed at least one other agent (fluorouracil, imiquimod [Aldara, Zyclara], or Solaraze)

AND

- ❖ If applicable, the skin must be healed from any previous drug or surgical treatment.

Veregen

- ❖ Approvable for immunocompetent members 18 years or older for the treatment of external genital and perianal warts (EGW, condyloma acuminatum) who have experienced ineffectiveness, allergies, contraindications, drug-to-drug interactions, or intolerable side effects to podofilox (Condylox) and imiquimod 5% (Aldara).

Zyclara

- ❖ Approvable for members with actinic keratosis when being used to treat a large area of skin or prescriber must submit a written letter of medical necessity stating the reasons the preferred product, imiquimod 5% (Aldara), is not appropriate for the member.
- ❖ For members 12 years of age or older with external genital and perianal warts (EGW, condyloma acuminata), prescriber must submit a written letter of medical necessity stating the reasons the preferred product, imiquimod 5% (Aldara), is not appropriate for the member.



EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.

PREFERRED DRUG LIST:

- ❖ For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

PA and APPEAL PROCESS:

- ❖ For online access to the PA process, please go to www.dch.georgia.gov/prior-authorization-process-and-criteria and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limits (QLL), please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.